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Annlicati	on Doto C	heet 37 CFI	D 4 76	Attorne	ey Docket I	lumber	152	.001	
Applicati	on Data S	neet 37 CF	R 1./6	Applica	ation Numb	er			
Title of Inve	ntion Leg	Ulcer, Lympho	edema ar	nd DVT Vit	bratory Trea	ment and	Devio	е	
bibliographic d This documen	The application data sheet is part of the provisional or nonprevisional application for which it is being submitted. The following form contains the bibliographic data ranged in a formal specified by the Further Statien Patient and Trademark Office as cuttined in 37 CPR 17 This document may be completed electromizatily and submitted to the Office in electronic formal using the Electronic Filtrig System (EFS) or the document may be printed and included in a page filted application.								
Secrecy	Order 37	CFR 5.2							
	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)								
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Applicant A	Authority C	Inventor	Legal Re	presentativ	ve under 35	U.S.C. 11	17	Party of Interest under 35 U.S.	C. 118
	is not an inv	entor, indicate	the aut	hority to fi	ile for the p	atent on	behal	f of the inventor, the inventor is:	
Deceased							-		
	en Name		-	liddle Na	me		_	nily Name	Suffix
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	Residence Information (Select One) US Residency Non US Residency Active US Military Service  City Wallasey Country Of Residence GB								
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		FR 1.41(b)	GB						
	dress of Ap								
Address 1		3 Newton Roa	ad						
Address 2									
City	Wallasey, M	erseyside			Sta	te/Provi	nce		
Postal Cod	le	CH44 5RH			Country	GB			
If the repres	sentative for	the inventor is	an Orga	inization o	check here	. 🗆			
Prefix Giv	ren Name		M	liddle Na	me		Fan	nily Name	Suffix
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Residence	Information	of the Invent	tor's Re	presental	tive:		•		
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City Wa	ilasey		Coun	try Of Re	esidence i	GB			
Citizenship	under 37 C	FR 1.41(b) i	GB						
Mailing Ad	dress of the	Inventor's Re	epresen	tative:					
Address 1		5 Newton Ro	ad						
Address 2									
City		Wallasey, Me	rseyside		State/Pr	ovince	T		
Postal Cod	le	CH44 5RH			Country	i GB			
Applicant	2							Remove	
	Authority ®	Inventor O	Legal Re	presentativ	ve under 35	U.S.C. 11	17	Party of Interest under 35 U.S	C_118
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Application Data	Attorney Docket Number			152.00	01				
Application Date	Application Number								
Title of Invention	Leg Ulcer, Lympho	edema an	d DVT Vit	bratory	Treatm	nent and	Device		
Residence Informa	tion (Select One	) () us	Residenc	у (	) No	n US Res	sidency	Active US Military Service	e
City Redhill		Count	ry Of Re	esiden	cei	GB			
Citizenship under 3	7 CFR 1.41(b) i	GB							
Mailing Address of	Applicant:								
Address 1	52 Woodland	S							
Address 2									
City Redhill, S	Surrey				State	e/Provin	ice		
Postal Code	RH1 6HB			Cour	ntryi	GB			
Applicant 3								Remove	
Applicant Authority	● Inventor O	Legal Rep	resentativ	ve unde	r 35 L	.S.C. 11	7	Party of Interest under 35 U.S	.C. 118
Prefix Given Name		Mi	iddle Na	me			Famil	y Name	Suffi
Jeanette		R	ae				Nelson	n	
Residence Informa	tion (Select One	) () us	○ US Residency ● Non US Residency ○ Active US Military Service					e	
City Wallasey		Country Of Residencei GB							
Citizenship under 3	7 CFR 1.41(b) i	GB							
Mailing Address of	Applicant:								
Address 1	3 Newton Ros	ad							
Address 2									
City Wallasey	, Merseyside				State	/Provin	ice		
Postal Code	CH44 5RH			Cour	ntryi	GB			
All Inventors Must generated within this				Informa	ation	blocks	may be	Add	
Corresponden	ce Informati	on:							
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An Address is	being provided f	or the co	orrespor	ndence	e Info	rmation	of this	application.	
Customer Number	09809								
Email Address	Is@iplaw-bx.com Add Email Remove Email				Email				
Application Inf	ormation:								
Title of the Inventio	n Leg Ulcer	Ulcer, Lymphoedema and DVT Vibratory Treatment and Device							
Attorney Docket Nu		-,						tus Claimed 🔀	
Application Type	nprovisional								

Sub Class (if any)

Suggested Figure for Publication (if any)

EFS Web 2.2.2

Subject Matter

Suggested Class (if any)

Suggested Technology Center (if any) Total Number of Drawing Sheets (if any)

Utility

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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	152.001
		Application Number	
Title of Invention	Leg Ulcer, Lymphoedema an	d DVT Vibratory Treatment and	Device

### Publication Information:

Request Early Publication (Fee required at time of Request 37 CFR 1.219)
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 12(b) and confly that the invention disclosed in the attached application has not and will not be the publication at eighteen months after filling.

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Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

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	Prior Application Status	Abandoned	Remove		
	Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	
	10643824	Continuation of	PCT/GB02/00705	2002-02-19	
Additional Description of the Control of the Contro					

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This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b).

		Re	move
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
0103893.4	GB	2001-02-19	● Yes ○ No
		Re	move
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
0119120.4	GB	2001-08-01	● Yes ○ No

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Under the I	Paperwork Reduction Act of 1995, no per	sons are required to respond to a collect	on of information unless it contains a valid OMB control number
Application Da	to Choot 27 CED 4 76	Attorney Docket Number	152.001
Application Data Sheet 37 CFR 1.76		Application Number	
Title of Invention Leg Ulcer, Lymphoedema and		d DVT Vibratory Treatment and	Device

	in the application data sheet doe signment recorded in the Office.	s not substitute for compliance v	with any requirement of part 3 of Title 3				
Assignee 1 Remove							
If the Assignee is an O	If the Assignee is an Organization check here,						
Organization Name	Organization Name Vibrant Medical Limited						
Mailing Address Infor	mation:						
Address 1	Fountain Precinct, Leopole	Street					
Address 2	C/O HGF 4th Floor						
City	Sheffield	State/Province					
Country   GB	•	Postal Code	S1 2QD				
Phone Number		Fax Number					
Email Address		· ·	•				

## Signature:

l	A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.								
	Signature	Signature /MMM/				2009-04-16			
Ī	First Name	Melissa	Last Name	Martinez	Registration Number	56568			

This collection of information is required by 3T CFR 1.76. The information is required to obtain or retain a benefit by the public which is to the (early by the USPT to process) an application. Conditionality is governed by \$5 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 2.3 minutes to complete, including gathering, preparing, and submitting the completed application data sets from the USPTO. Time will very depending upon the endudual case. Any comments on the amount of time you require to complete the process of the control of the co

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